Christian Counseling Ministries of WNY

Behind Closed Doors Initiative presents

MENTAL HEALTH FIRST AID TRAINING for YOUTH WORKERS

Registration Form

Event Date & Time: Thursday, June 13, 2019 8:30am-4:30pm (Registration 8am)

* (You must be present at entire event to receive certificate)

Place: Watermark Wesleyan Church in Hamburg NY, Room 117b/c

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NAME OF ATTENDE	E:			
ADDRESS:Street		City	State	Zip
CHURCH OR NONPE	ROFIT AFFILIATION:			
TITLE/POSITION:				
CONTACT PHONE N	UMBER:			
EMAIL ADDRESS:				
How did you hear abo	ut this workshop?			
REGISTRATION FEE				
Registration fee is nor Payment may be rece	n-refundable ived by credit card or check. Please n CREDIT CARD: (Circle) VISA	Mastercard Dis	le to <i>CCM of WNY</i> cover □ CHE	
For credit only:	Name on Card:			
	Credit Card #:			
	Billing Address:			
	Zip Code: Expiration: Security Code:			
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FOR OFFICE USE ONLY Paid amount:	Date Received:	Date Chec	k Cashed:	
	Authorization Code			·
Email Confirmation Se	ent: NOTES:			

MAIL TO: CCM of WNY 9070 Main Street Clarence, NY 14031

Questions? 632-3200 x10